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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Schrapper's Fine Cabinetry, Inc.

Name of Corporation

DOCUMENT NUMBER: P(0000088554

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

George P. Ord, Esquire

Name of Contact Person

Firm/Company

11300 U. S. Highway One, Suite 401

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

gpord@murphyreid.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George P. Ord

∍561

655-4060

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florido on organized under the laws of the State of or registered agent, or both, in the State of	Florida		
1. The name of t	the corporation: Schrapper's	Fine Cabinetry,Inc.			
2. The principal	office address: 240 W. India	antown Road, Jupiter, FL 3345	8		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/26/	Document number.	0088554		
5. The name and		istered agent and registered office on file v	with the		
	Paul Thibadeau				
	205 Worth Avenue, Suite 306				
	Palm Beach, FL 33480)	_		
6. The name and (if changed):	I street address of the new registe	ered agent (if changed) and /or registered o	SECRETART JALLAHA		
	George P. Ord		IAY 2		
11300 U.S. Highway One, Suite 401					
P.O. Box NOT acceptable		•	PH 4	() A (
	Palm Beach Gardens,	FL 33408	4:5		
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of i	its registered agen	nt,	
Such change wa authorized by th	is authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so		
K. C	wine	Keith Levine, Vice Pres			
I hereby accept I further agree t	a caninly with the provisions of	Printed or typed name and to agent and agree to act in this capacity, all statutes relative to the proper and con th and accept the obligation of my position to to reflect a change in the registered offi- otified in writing of this change.	mnlete		
<u> </u>		May 15, 2019			
	nature of Registered Agent	Date			
Ту	ped or Printed Name	_			

* * * FILING FEE: \$35.00 * * *